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ABSTRACT

The adolescent suicide rate in the United States has tripled in the last 25 years. While suicides cause tremendous familial complications, this act also causes significant upheaval in the public school environment. The purpose of this paper is to offer an updated theoretical rationale as to why children and early adolescents are choosing suicide as their only option. A model for suicide postvention is also presented in which the school psychologist would play a prominent role in assessing student needs and assisting students in coping with the aftermath of suicide. It is hypothesized that baby boomer parents, in an effort to correct dysfunctional behaviors from their families of origin, have done two things that could lead to the increased adolescent suicides: (1) they cushioned or protected their child from failing at anything; and (2) they led the child to believe that he or she was "special," which increased the gap between reality and expectations when failure inevitably occurs. The goals of postvention are to help students, faculty, and staff with the grieving process and to prevent further suicides. It is recommended that someone from the crisis team, preferably the school psychologist, be assigned the responsibility to attend the class schedule of the decedent. (JBJ)

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SUICIDE POSTVENTION MODEL FOR PUBLIC SCHOOLS: EXPANDING THE ROLE OF SCHOOL PSYCHOLOGY

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SUICIDE POSTVENTION MODEL FOR PUBLIC SCHOOLS: EXPANDING THE ROLE OF SCHOOL PSYCHOLOGY

The adolescent suicide rate in the United States has tripled in the last 25 years. It is estimated that over 400,000 youth attempt suicide each year. Of that number, 5,000 complete their attempts. Suicide accounts for about 12% of the mortality in the adolescent and young adult age population (Brent, 1989). It is estimated 15 adolescents will kill themselves each day. Suicide is now the second leading cause of death in young people. Between 1970-1980, 49,496 of our nation's young people who were 15-24 years of age committed suicide (Centers for Disease Control, 1985; Langone, 1981; Lee, 1978; Morgan, 1981; Ray & Johnson, 1983). Within this one decade, the suicide rate for this group increased 40% (from 8.8 deaths per 100,000 population in 1970 to 12.3 per 100,000 in 1980) while the rate for the remainder of the population remained stable. In Wisconsin, 1,100 suicide attempts were reported by the State Department of Public Instruction during 1985, with 23 attempts and 1 suicide in grades K through 5; 219 attempts and 6 suicides in grades 6 through 8; and 882 attempts and 42 suicides in grades 9 through 12.

These alarming statistics are still on the rise. In 1993, two brothers, ages 11 and 9, residing in rural northern Wisconsin shot themselves because they did not like school and did not want to go back. One week later, two males, ages 14 and 16, whose parents were close friends, elected to shoot themselves because their respective families were dissatisfied with the boys' grades. While these suicides caused tremendous familial complications, this act causes significant upheaval in the public school environment.

School personnel and classmates have to find a means by which they can understand the deaths and the aftermath caused by suicide (Siehl, 1990).

The purpose of this paper is to offer an updated theoretical rationale as to why children and early adolescents are choosing suicide as their only option. A model for suicide postvention will also be presented in which the school psychologist would play a prominent role in assessing student needs and assisting students in coping with the aftermath of suicide.

Why Adolescents Choose To Die: A New Theoretical Perspective

Teen suicide. To most of us, these two words are mutually exclusive. To parents, there is no thought worse than outliving their children, especially if that child is lost to suicide. To one's school aged peer group, a suicide is a situation that leaves as its legacy pain, guilt, sorrow, and anger. As an issue, suicide is tragic for all concerned.

The fundamental question becomes, "Why would someone on the brink of adult life want to stop living ?" The answer to this is quite complex and has to take into account psychiatric, personality, psychosocial, familial, and even biological factors (Blumenthal & Kupfer, 1988). Perhaps the hypothetical answer to this fundamental question may lie more in the familial realm, as the adolescents who are committing suicide have parents from the "baby-boomer" generation.

To explore the hypothetical answer, one must turn to the newest overused word in today's lexicon, which is "*dysfunctional*". Although most people from the "baby-boomer" generation would not like to admit it, many of them came from the proverbial "dysfunctional" family, but did not know it at the time. Mothers tended to not work outside the home, which allowed

them to have a more nurturing, supportive influence in raising the children. Fathers were hard-working, middle-class aspirants, somewhat authoritarian, and emotionally unaccessible. The "baby-boomer" generation's parents tended to stay married, even if it was unhappily.

It is theorized that the "dysfunctionality" of the family at that time did not go unnoticed by the "baby-boomer". When the "baby-boomer" finally learned their family-of-origin was "dysfunctional", they decided when it came time to have offspring, they would be more emotionally accessible to their children than their parents were to them. They also decided to be more interested in what happened in the lives of their children, almost to the point of intrusion. It seemed that their intent was to give their children the kind of life they, themselves, did not have. These parents offered their "expert" advice and opinion on matters and wanted their children to vicariously learn from the experiences of the parent. However, this approach may have led to more problems than it has solved (Blumenthal & Kupfer, 1988).

What the "baby-boomer" parents have done that could lead to some of the unfortunate increases in adolescent suicides is 1) they cushioned or protected their child from failing at anything whatsoever, no matter how natural; and 2) they led the child to believe that they are "special", which increases the gap between reality and expectations when failure inevitably occurs and is not only perceived, but felt by the child. The above points have been done under the rubric of being a "good parent ". Neuringer (1974) suggested that cognitively rigid individuals faced with naturally occurring life stresses are unable to generate alternative solutions to their problems, and as a result, they are inclined to develop ideas of helplessness

and hopelessness, which increases the risk of suicidal behaviors.

Expanding The School Psychologist's Role In Suicide Postventions

When a successful suicide occurs, it creates tremendous emotional stress in the family, neighborhood, and school. Deaths by suicide pose difficult challenges requiring complex responses in the school setting. Suicide creates "survivors", with groups of youngsters left behind to suffer through the shock and grief process (Carter & Brooks, 1990). There is an increased risk of suicidal activity associated with suicide survivors, which is most severe with immediate family and friends (McIntosh, 1987). The best way available to address this situation is through a school "*postvention*".

The best "*postvention*" activities are those organized in advance of any actual problems, just like other school procedures, like fire drills, tornadoes, and bomb threats (Siehl, 1990). The American Association of Suicidology (1990) developed guidelines regarding postventions, realizing that no model plan will fit every community, every school district, or every school within a district. The goals of a postvention are to help the students, faculty, and staff with the grieving process and to prevent further suicides. In order to determine how prepared schools in the Milwaukee area are for a situation such as this, four secondary schools were surveyed to compare and contrast their postvention plans.

Each school was consistent in stating that the crisis chairperson was the school principal, who would also handle any inquiries from the media. The chairperson was also responsible for implementing a crisis team, consisting of school counselors and possibly mental health workers from outside the district. The team would contact the family and siblings to provide

supportive services. The victim's closest friends would be identified for in-school supportive counseling. Faculty was to receive factual information about the suicide to present to their first-hour class. Each school offered "*ample*" time for student reactions and interactions, with "*ample*" undefined.

Based upon the review of school postvention responses, a modification is recommended that may be better suited for a school's reaction to a successful suicide. It is recommended that someone from the crisis team be assigned the responsibility to *attend the class schedule* of the decedent. The person recommended to do this is the school psychologist. Roughly 25% of schools assign anyone to attend the schedule, with that person typically being a guidance counselor. Although a guidance counselor may have an advantage in possibly knowing more of the students who had classes with the decedent, it is felt that the school psychologist would be better at making assessments of the verbal and non-verbal behavior exhibited by those in the classroom setting. This would allow all building guidance counselors to set up the crisis center and begin to offer services to those needing it.

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